

The State of New Hampshire Insurance Department

21 South Fruit Street, Ste 14 Concord, NH 03301

APPENDIX C

ALTERNATIVE SAFE HARBOR FORM FOR RENEWAL RATE DISCLOSURES

A	Last Year's Health Coverage Plan Rate	429.00	Required
В	Adjustment due to Group Characteristics and	-29.00	Required
	Rating Factors		
C	Last Year's Premium Rate	=400.00	Required
D	Increase in Health Coverage Plan Rate due to	+42.90	Required
	Trend		
Е	This year's Health Coverage Plan Rate (A+D)	=471.90	Required
F	Adjustment due to Group Characteristics and	+104.87	Required
	Rating Factors		
G	Unadjusted Renewal Single Premium Rate (E+F)	=576.77	Required
Н	Group Characteristics and Rating Factors Increase	-48.77	Required
	not allowed by Cap (20% cap)		2006 only
I	This year's premium rate (G-H)	=528.00	Required
			2006 only

These numbers are based on the same hypothetical used for Appendix A.

Row identifiers should be adjusted to reflect the rows being shown, including those shown as formulae. Carriers may modify row labels to better fit the disclosure. For example, row G for renewal quotes provided after 2006 might be labeled 'Single Premium Rate' or 'This year's Premium Rate', while rows H and I would not be shown.